

**Council Bluffs Parks, Recreation And Public Property Department**

**209 Pearl Street, Council Bluffs, Iowa 51503**

**Phone Number: (712) 328-4650 Fax: (712) 322-3021**

**FACILITY REQUEST FORM**

**(Deposit Required – Non Refundable)**

Applicant hereby agrees to indemnify the City of Council Bluffs, Iowa, its officers, and employees, and defend against all claims brought or actions filed for any and all claims, suits, actions, debts, damages, costs, charges, and expenses including court costs and attorney's fees, and against all liability, losses and damages of any nature whatsoever, including but not limited to property damage and personal injury including death resulting at any time therefrom, arising from any act of negligence, either active or passive, of the applicant or any person acting on his/her/its behalf arising from the activities sponsored by applicant on City owned property, or resulting from the use of City owned equipment, as authorized pursuant to this application.

City ordinance prohibits consumption of alcoholic beverages on public property.

I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damage sustained by equipment accruing through the occupancy or use of said equipment by the applicant.

Name of Tournament or Event: \_\_\_\_\_ Organization Sponsor: \_\_\_\_\_

**Facility Requested:**

Fields: \_\_\_\_\_

Time From: \_\_\_\_\_ To: \_\_\_\_\_

(Beginning and ending time for each day.)

Dates: \_\_\_\_\_

Approximate # of Teams: \_\_\_\_\_

**Please check appropriate lines:** Adult \_\_\_\_\_

Youth \_\_\_\_\_

Baseball \_\_\_\_\_ Softball \_\_\_\_\_

Soccer \_\_\_\_\_

Tennis \_\_\_\_\_

Print Name of Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Fax #: \_\_\_\_\_

Name of assistant or someone else we may contact:

***Applicant's Signature***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Fax #: \_\_\_\_\_

Special Restrictions/Comments: \_\_\_\_\_

**\*\*\*NOTIFY THE OFFICE OF CANCELLATIONS\*\*\***

**Please notify the office immediately if you decide to cancel your tournament.**

***"FOR DEPARTMENT USE ONLY"***

\_\_\_\_ Approved

\_\_\_\_ Denied

*Lyle Chase, Recreation Superintendent/Catherine DeMasi, Recreation Coordinator*

\_\_\_\_ Approved

\_\_\_\_ Denied

*Ronald Hopp, Director of Parks, Recreation and Public Property*

**\*Rental Fee:** \_\_\_\_\_

**\*Less Deposit:** \_\_\_\_\_

**Balance Due:** \_\_\_\_\_

**Date of Payment:** \_\_\_\_\_

1. Final tournament payment is due by the following Friday after the tournament. Future tournament requests may be cancelled for late payment or non-payment.
2. Please schedule maintenance personnel time between sets of games for infield maintenance if “full service” is selected.
3. The concessionaire has exclusive right to all concession sales.
4. A complete schedule of your event is due at the office two days before your event so staff may be scheduled.
5. Please use the space below to list and diagram your associations infield dimensions, such as batters box, base line markings, base distance, pitching distance, etc. Please do the same for special requests in other sports.
6. Event coordinators are required when possible to use local Council Bluffs umpires and officials when available and qualified.